

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568219

FILING DATE

FEB 14 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2				/		
3				2		
4				2		
5				2		
6				2		
7				2		
8				2		
9				/		
10				/		
11				/		
12				/		
13				/		
14				/		
15				/		
16				/		
17				2		
18				2		
19				2		
20				2		
21				2		
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23				2		
24				2		
25				2		
26				/		
27				/		
28				/		
29			/			
30				/		
31				/		
32				2		
33			/			
34				/		
35				5		
36				5		
37				5		
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41				/		
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43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				2		
50				2		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	62	←		←
TOTAL CLAIMS			65			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						